

**Corrected Claim Form****Provider information**

|                              |                         |
|------------------------------|-------------------------|
| Sent by:                     | Date sent:              |
| Hospital/facility/physician: | Phone number:           |
| NPI number:                  | Provider tax ID number: |

**Member information**

|                        |                         |
|------------------------|-------------------------|
| Member name:           | Date of service:        |
| Original claim number: | Original date of claim: |
| Member ID number:      | Medicaid ID number:     |

**Instructions: Please remember you have 365 days from the date of service to submit a corrected claim.** Attach the proper documentation, including a copy of any applicable correspondence received from Healthy Blue.

After completing this form, place it on top of all documentation and mail to:

**Healthy Blue  
Claims Department  
P.O. Box 61010  
Virginia Beach, VA 23466-1010**

**A copy of the claim should not be submitted with the documentation requested unless otherwise denoted by an asterisk (\*).**

**For follow-up of a returned claim, check all that apply:**

- Coordination of Benefits/Medicaid* information
- Corrected billing\*
- Explanation of Medical Benefits/Explanation of Benefits* of primary insurance carrier
- Hard copy of itemized bill for a previously submitted claim
- Medical records
- Patient eligibility verified (through Customer Service, interactive voice response or provider access)
- Other:

**<https://provider.healthybluemo.com>**

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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**To request a claim adjustment, check all that apply:**

- Additional charges\*
- Other action required:

**HMO use only  
(consult your HMO agreement if you are uncertain which choice applies):**

- Eligibility guarantee claims
- Enrollment protection claims
- Noncap discrepancies
- Other:

**THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE MEDICAL PROVIDER TO WHOM IT IS ADDRESSED AND MAY CONTAIN HEALTH INFORMATION THAT IS PROTECTED BY LAW.**

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